

STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

135 State House Station, Augusta, Maine 04333-0135

Office: 242 State Street, Augusta, Maine

Tel: (207) 287-4179 Fax: (207) 287-6775

REPORTS OF CONTRIBUTIONS AND EXPENDITURES
BY PERSONS OTHER THAN
POLITICAL ACTION COMMITTEES
(21-A M.R.S.A. §1056-B)

Any person who solicits and receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$1,500 for the purpose of initiating, promoting, defeating or influencing in any way a ballot question must file a report with the Commission.

NAME OF PERSON _____

(Person means an individual, committee, firm, partnership, corporation, association, group or organization.)

Mailing address _____

CHECK IF CHANGED
SINCE PREVIOUS
REPORT ☐

City, zip code _____

Telephone number _____ **Fax** _____ **E-mail** _____

NAME OF TREASURER _____

(or other officer or employee authorized to file this report, if person reporting is other than an individual)

Mailing address _____

CHECK IF CHANGED
SINCE PREVIOUS
REPORT ☐

City, zip code _____

Telephone number _____ **Fax** _____ **E-mail** _____

*The purpose for receiving contributions and making expenditures is (check one) in SUPPORT OF _____ or
OPPOSITION TO _____ ballot question number (if known) _____ or the ballot question regarding _____*

TYPE OF REPORT AND FILING PERIOD (check)

Type of report:

Due date:

Filing period:

- () 6-Day Pre-Election
() 42-Day Post-Election

October 29, 2003
December 16, 2003

Beginning Activity - October 23, 2003
October 24, 2003 - December 9, 2003

() Other (specify): _____

Amendment to: _____

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Person's/Authorized Official's signature

Date

**SCHEDULE A
CONTRIBUTIONS**

Include cash contributions only. Itemize contributions aggregating in excess of \$100 in this election from the same source. Do not include in-kind contributions or loans on this schedule.

Date Contribution Received	Name of Contributor	Amount Contributed This Entry
1. Total contributions this page only		
Complete Lines 2-4 on Last Page of Schedule A Only:		
2. Total from attached pages (Schedule A)		
3. Aggregate of contributions \$100 or less not itemized		
4. Total contributions this reporting period (add lines 1, 2 & 3)		

**SCHEDULE B
EXPENDITURES**

Enter expenditures made aggregating in excess of \$100 in this election.
Do not include in-kind expenditures on this schedule.

Date Expenditure Made	Name of Payee or Creditor and Purpose of Expenditure	Amount Expended This Entry
1. Total expenditures this page only		
<i>Complete Lines 2-3 on Last Page of Schedule B Only:</i>		
2. Total from attached pages (Schedule B)		
3. Total expenditures this reporting period (add lines 1 & 2)		

SCHEDULE C
IN-KIND CONTRIBUTIONS/EXPENDITURES

With respect to all items and services expended and received, enter the date expended/received, a description of the item or service, and the fair market value. Enter name of contributor/payee or creditor only if the fair market value of donated item or service is more than \$100.

Date of Contribution/ Expenditure	Name of Contributor/Payee or Creditor	Description of Goods, Services, Discounts or Facilities Received/Expended	Fair Market Value
1. In-kind contributions /expenditures this page			
2. Total from attached pages (Schedule C) page			
3. Total in-kind contributions received and expended this reporting period (add lines 1 & 2)			